

Stillwater County Application For Temporary Street/Road Closure

Introduction

Contact Information

Terms & Conditions



Road & Bridge Department

PO Box 715

Columbus, MT 59019

Phone:(406) 322-5335

First Name *

Reed Point Community Club

Last Name *

Inc

Contact Person *

Jerry L. Friend

Phone *

(406) 322-8021

Email *

jfriend5802@hotmail.com

Site Location- Exact Section of Stillwater County Street/Road applied for

Address Line 1 *

Division Street, from Central Ave to Old Highway 10, 1st Ave N and Second Ave N

Address Line 2

from Division Street approximately 1/2 block East & West.

City *

Reed Point

State *

Montana

Zip *

59019

Town of

Section

Township

Range

Range *

Nature of Function/Project *

Sheep Drive 2021

Range is required.

Sunday Sept. 5, 2021

Drawings Attached *

Drawings Attached is required.

Duration of Closure *

From 6:00 A.M. until 12:00 A.M.

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Stillwater County
Road/Bridge Department

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IN ORDER TO PROMOTE PUBLIC SAFETY AND PROTECT LIFE AND PROPERTY IT IS NECESSARY FOR EVERY PERSON, PARTY, OPERATION, BUSINESS OR UTILITY DESIRING TO TEMPORARILY CLOSE AND CLOSE ANY COUNTY ROAD, STREET, ALLEY OR THOROUGHFARE TO OBTAIN A PERMIT PRIOR TO SUCH CLOSURE AND POST BOND AS MAY BE REQUIRED.

APPLICANT HEREBY AGREES TO THE FOLLOWING CONDITIONS:

1. To perform all work in compliance with Stillwater County Specifications, a copy of which is available at the County Road Dept.
2. To notify the County Road Dept. Office prior to starting any work within the County right-of-way covered by this permit.
3. Applicant will be responsible for any damage to other installations already in place.
4. To provide proof of insurance, indemnify and save harmless Stillwater County, its officers and employees, from responsibility, damage, or liability arising from the exercise of the privileges granted herein.
5. To meet all requirements for warning signs, traffic control and public safety (Manual on Uniform Traffic Control Devices)

IT IS FURTHER AGREED:

1. Applicant shall furnish bond as required
2. Above names applicant doing or authoring said work will pay a fee as required, said fee to be retained by Stillwater County
3. Applicant shall not exceed or modify the scope of this project without prior approval from the County Road Dept Office
4. All work shall be inspected upon completion as arranged for by both parties, the Applicant and the County Road Dept. or his representative
5. Permittee shall maintain, at its/his sole expense, the installation and/or structures for which the permit is granted, in a condition satisfactory to the County.
6. Should the work fail to meet standards, or if a defect in said work creates a situation affecting public health, welfare or safety, the applicant is solely responsible for correction of the deficiency. If applicant, upon notification by the County Road Dept. fails to correct said deficiency, the Stillwater County Road Dept. may make or authorize such corrections. All Costs incurred in said corrections shall be charged against the Applicant, the Applicant's heirs, assigns, or his bond. Emergency situations, as determined by the Road Dept. Office, shall be corrected immediately upon notification.
7. The applicant agrees to hold Stillwater County harmless for any damage to their facilities occurring during normal road maintenance operations now and in the future.
8. Nothing contained in this permit shall relieve Applicant of responsibility for the work performed under any permit granted.

Acknowledgement *

© I hereby declare that the information in this application is true, complete, and correct to the best of my knowledge. The terms and conditions of this permit application are accepted and agreed to:

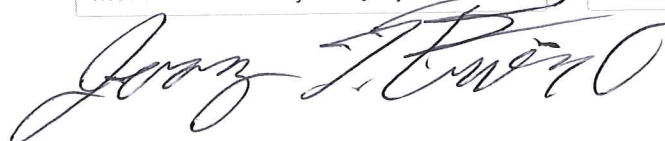
☒ I understand that checking this box constitutes a legal signature.

Applicant Name *

Date *

Reed Point Community Club, Jerry L. Friend

07-29-2021



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Stillwater County
Road/Bridge Department

REVIEW OF APPLICATION FOR TEMPORARY STREET/ ROAD CLOSURE

- To be completed by the Stillwater County Road & Bridge Supervisor -

ROUTE NO. Ag
STATION(s) _____

COMPLETE APPLICATION RECEIVED? Yes ☒ No ☐
 INSPECTION FEE PAID? Yes ☐ No ☐
 PLANS/DRAWINGS SUBMITTED? Yes ☒ No ☐
 PROOF OF INSURANCE PROVIDED? Yes ☐ No ☒
 BOND PROVIDED? Yes ☐ No ☐

Amount _____
 Company Waive per KLR
 Amount _____

PRELIMINARY INSPECTION OF APPLICATION RECOMMENDED FOR:

APPROVAL _____ CONDITIONAL APPROVAL _____ DISAPPROVAL _____

County Road & Bridge Supervisor

Date _____

List conditions of approval: _____

DECISION ON APPLICATION FOR TEMPORARY STREET/ROAD CLOSURE

- To be completed by the Stillwater County Commissioners -

The Board of County Commissioners of Stillwater County, Montana, do hereby:

APPROVE _____ CONDITIONALLY APPROVE _____ DISAPPROVE _____

the permit application for temporary street/road closure.

Chair, Board of County Commissioners

Date _____

FINAL INSPECTION OF STREET/ROAD CLOSURE

- To be completed by the Stillwater County Road & Bridge Supervisor -

Inspected by _____ Inspection Date _____

Completed project: _____ meets requirements of the preliminary application
 _____ does not meet approval for the following reasons: _____

NOTICE: Approval of the foregoing application shall not grant authority to the permittee to burden or otherwise impair or infringe on any third-party property interests which may exist or inure to the benefit of third parties relative to the county property or right-of-way which is referenced in this application.

Routing**Initial Course of action**

- _____ 1. Road & Bridge – Preliminary inspection
- _____ 2. Road & Bridge – Approval and fees to Finance Department
- _____ 3. Finance Department – Deposit fees and submit application to BOCC final approval
- _____ 4. Commission action – Decision on application for permit
- _____ 5. Road & Bridge – Letter to Sheriff's dispatch to inform all emergency services
- _____ 6. Road & Bridge – Final inspection, approval and file original for one (1) year

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Stillwater County
Road/Bridge Department

Application

202136

Application #

Number

EXHIBIT A

APPLICATION FOR TEMPORARY STREET/ROAD CLOSURE
STILLWATER COUNTY

1. Contact emergency services and report the time and date of the temporary street closure.

	<u>Fire</u>	<u>Ambulance</u>	<u>Sheriff</u>
Absarokee:	328-4703	328-4703	322-5326
Park City:	633-2298	633-2015	322-5326
Molt: <i>Greg Smith</i>	669-3139	322-4302	322-5326
Rapelje: <i>Larry Gee</i>	663-2211	322-4302	322-5326
Reed Point: <i>Terry Brumfield</i>	326-2165	322-4302	322-5326

2. Contact Person for Event: *Terry Friend*

Phone #

406-376-2325

Cell #

3. Submit a drawing of the streets to be closed and detour route identified.
4. Road(s) to be closed shall be identified with approved road closed signs and barricades.
5. Detour route(s) to be identified with approved detour signs.
6. No Stakes, pegs or damage to roadway.
7. Roads must be opened immediately after event ends and cleanup is done.
8. Copy of street closure permit shall be on location with responsible person in charge.
9. Restroom facilities must be adequate for the event.

- Signs and barricades are available for loan at the Stillwater County Road and Bridge Department. Must be returned within 3 days after event.

Signature of Applicant(s)

Print Name and Title

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US 10

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